

CalWORKs 60-MONTH TIME LIMIT EXTENDER REQUEST FORM*PLEASE PRINT*

YOUR NAME		COUNTY USE ONLY	
ADDRESS STREET		COUNTY	
CITY	ZIP	CASE NAME	
PHONE ()		CASE NO.	OTHER ID NO.
QUESTIONS? ASK YOUR WORKER.		WORKER NAME	

Beginning January 1, 1998, most adults cannot receive aid for more than a total of 60 months (5 years) from the CalWORKs program. (This includes aid received from other states' Federal Temporary Assistance for Needy Families (TANF) Programs on and after January 1998.) However, aid can be provided beyond the CalWORKs 60-month time limit, if **you** and **all** parents, aided stepparents, and/or caretaker relatives in the home meet one of the conditions listed below.

If you answer "Yes" to any of these questions, you may be extended on aid. Please answer all the questions. This form cannot be completed by the county. **Please be sure to sign and date the back of this form.** You may need to send more information to help the county decide if you can be extended on aid.

YES NO CalWORKs 60-MONTH TIME LIMIT EXTENDERS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you staying at home to take care of someone in the household who cannot take care of her/himself, which impairs you from working or participating in welfare-to-work activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you the nonparent caretaker relative of a child who is a dependent or ward of the court, or at risk of being placed in foster care? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you receiving benefits from State Disability Insurance (SDI), Worker's Compensation Temporary Disability Insurance (TDI), In-Home Supportive Services (IHSS), or the State Supplemental Program (SSP) and are you unable to work or to participate in a welfare-to-work activity on a regular basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Although you are not getting disability benefits, do you have a physical or mental problem that makes you unable to work or take part in welfare-to-work activities for 20 or more hours per week? |

Or

Are you able to work or take part in welfare-to-work activities for 20 or more hours per week even though you have that physical or mental problem, but only because you get help with the problem (like counseling, treatment, or special tutoring)?

(The county will review your past and current records to determine if you qualify for this extender. Aid may be extended if you worked or participated in welfare-to-work in the past.)

CalWORKs 60-MONTH TIME LIMIT EXTENDER FOR ADVANCED AGE - If you are 60 years of age or older, you may contact your worker to request an extender for advanced age. You do not have to complete this form to request the extender.

OTHER AIDED ADULTS IN THE HOME - All other parents, aided stepparents, and/or caretaker relatives in your home must also qualify for an extender in order for you to be extended on aid. She/he must complete a separate request form. You can be extended on aid if the other adult(s) is not in your assistance unit (AU) and she/he has not received aid for 60 months.

PLEASE READ AND SIGN THE BACK OF THIS FORM.

CalWORKs 60-MONTH TIME LIMIT EXTENDER REQUEST FORM

CalWORKs 60-MONTH TIME LIMIT WAIVER - If you are a victim of domestic abuse and the county has determined that your condition or circumstances prevent or impair your ability to be regularly employed or to take part in welfare-to-work activities, the county may waive the 60-month time limit so you can be extended on aid. You do not have to complete this form to get a waiver to the time limit. You may contact your worker to request a domestic abuse waiver.

- You will be informed whether or not you will be extended on aid and the reason why.
- You may be asked to give the county proof of your reason for requesting the extender.
- If you do not agree with the county, you may ask for a State hearing.
- Your condition may be evaluated again to determine if you can continue to be extended on aid.

YOUR SIGNATURE	DATE
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